

Hagen EM, Eriksen HR, Ursin H. Does Early Intervention With a Light Mobilization Program Reduce Long-Term Sick Leave for Low Back Pain? Spine 2000;25:1973-6.

Design: Randomized controlled trial.

Population/sample size/setting:

- 510 patients sick-listed 8 weeks or more for low back pain in a Norwegian national insurance setting invited to participate
- Inclusion if sick leave 8 to 12 weeks, age 18 to 30; excluded if pregnant, cauda equina symptoms, osteoporosis, ongoing low back pain treated by another specialist
- 457 had concealed randomization to entry into active treatment program (n=237) at spine clinic or control (n=220) with primary health care from general practitioner
- Program consisted of one spine clinic visit which included history of activity restrictions, psychosocial conditions at home/work; also education about good prognosis of back pain, review of x-rays, importance of keeping active, instruction in home exercise activities; follow-up visits available on request (taken advantage of by 25% of intervention group)

Main outcome measures:

- Follow-up at 3, 6, and 12 months showed better return to work (RTW) in all 3 periods in intervention group than in control; 12 month RTW was 68.4% in intervention group, 56.4% in control group
- Intervention group had fewer full compensation sick days (95.5) than control group (133.7); part-time sickness compensation days were equal

Authors' conclusions:

- Education & reassurance, combined with encouragement to resume activity, reduce sickness compensation days and accelerate return to full duty work
- No one component of intervention can be identified as necessary; entire 'package' is important
- Many general practitioners are recommending too much caution & reduced activity; fear reduction can stop perpetuation of myths of back pain disability

Comments:

- Risks of selection bias are low
- Blinding of participants is not relevant to risk of bias
- Outcomes of RTW and compensation days paid are objective and not self-report
- Sample size is large

Assessment: High quality for evidence that education and mobilization of subacute low back pain reduces disability